

## Solidarity in Falling Apart: Toward a Crip, Collectivist, and Justice-Seeking Theory of Feminine Fracture

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**ABSTRACT** In this essay, I reconceptualize feminized trauma by utilizing a queer crip feminist disability justice framework. This reconceptualizing allows for an intervention in both historical psychoanalytic and contemporary biomedical framings of the experience of gendered and sexual violence, pursuant or sequelic trauma, and associated symptoms. Both historical and contemporary psycho-logics too often imagine gendered and sexual violence as abnormal or exceptional events (e.g., "stranger rape") which can be treated and cured individually, thus delimiting them within a white, wealthy or middle-class, cis- and hetero-feminine register. As a corrective, within the framework of everyday emergencies, insidious traumas, and cripistemologies of crisis, I position feminine fracturing and falling apart as chronic, and consider abolitionist strategies for survival, care, and solidarity beyond traditional medical frameworks for recovery. This further provides a way to understand dissociation or rather dissociative-adjacent symptomology as real, legitimate, and painful, yet also as sociopolitical products experienced differently across diverse populations—and as mundane, banal, and even expected for some. Here, feminine fracturing is symptom, method, and potential avenue for change or liberation. What does "recovery" look like when feminized trauma is endemic to the point of being so normalized and unexceptional as to be a thoroughly unremarkable part of our everyday cultural backdrop? How is this exacerbated when we examine the experiences of trans women, poor women, and immigrant and BIPOC women and femmes? I posit that there is promise in embracing a fracturing, in falling apart—as antidote to the normative and neoliberal logic of keeping it together.

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In 1992, psychiatrist Judith Herman published *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. In this important intervention, Herman argued that the trauma that results from domestic violence and sexual assault, as part of patriarchal aggression, constitutes a type of political violence or even gendered terrorism. As it also tends to be quite commonplace yet simultaneously hidden from view (and thus complicated and insidious in its effects), Herman made the case that the traumatic symptomology that follows from domestic violence and sexual assault must be reconceptualized—thus heralding the shift from post-traumatic stress disorder, or PTSD (which had up to that point been reserved primarily for the "shell shock" experienced by soldiers in war), to complex post-traumatic stress disorder, or C-PTSD. C-PTSD was to be understood as distinct from PTSD in part because "the syndrome [or spectrum of conditions] that follows upon prolonged, repeated trauma needs its own name."<sup>1</sup> The most important aspects to note about the shift to C-PTSD include the following: 1) sexual trauma is most often gendered and specifically *feminized* as it is disproportionately experienced by women, 2) one of the most notable and common symptoms of this

feminized trauma is *dissociation*, or the splitting of consciousness as a protective mechanism (as it has been since early Freudian formulations of hysteria and other feminine neuroses), and 3) the symptoms of dissociation and other traumatic sequelae may be ordinary, ongoing, and quite literally *complex*. In explicating this shift, Herman brought gendered and sexualized violence into mainstream psychological and therapeutic conversations and illuminated their inherently structural nature. C-PTSD arguably brought thinking on trauma closer to the *chronic*, as well, as it attended to the effects of prolonged exposure to violence. Herman staunchly advocated that the conceptual groundwork of trauma must account for the minutiae of the everyday life of domestic violence victims, which subsequently illuminated how so many forms of gendered trauma are “not outside the range”<sup>2</sup> of normal human experience, and are not exceptional. For Herman, too much of what happens in the home, in the bedroom, and on the street might be seriously dangerous and traumatizing to women, in particular. The personal is political.

One of the most common symptoms of trauma, in Herman’s analysis as in others, is the dissociative silence that accompanies it. C-PTSD then still remains within the traditional psychoanalytic trauma theory framework, relegating trauma to that which cannot be narrated, categorically. So, although Herman placed trauma itself squarely within the sociopolitical, she did not question the ontological status of trauma’s unspeakability—understood to be the result of a temporal split and the subsequent need for psychic defense due to an experience that was quite literally unthinkable and thus also unsayable. In this essay, I question trauma’s fundamental inability to be spoken of or even adequately recounted by survivors. Is trauma unnarratable by nature, or are traumatized people instead just too often part of communities that are either ignored or actively silenced? To this end, I propose that trauma’s unnarratability is not fundamental nor ontological, but rather political and structural. And this may be particularly true for the feminized trauma that results from domestic violence, sexual assault, and other gendered—and, importantly here, racialized—aggressions.

As revolutionary as it was at the time, Herman’s reframing was also insufficient in attending to the full breadth of trauma responses across experiences of gender and femininity (i.e., cis, trans, nonbinary, agender, genderqueer, etc.), and experiences related to race, class, nation, and citizenship. Dissociation, still centered in Herman’s C-PTSD framework, has become the *sine qua non* of trauma and has been treated as necessary for trauma to register as legible and legitimate—but arguably not all trauma survivors experience dissociation, or experience it in the same way. This de facto requirement is also troublesome insofar as the very same folks whose credibility is regularly questioned as it is (i.e., women—especially trans women—of color, first and foremost) are viewed as non-credible if they do not exhibit this symptom. Further, even as dissociative and other traumatic symptomology are conceptualized as ongoing and everyday in Herman’s updated C-PTSD model, they are still framed as ills that can be overcome, rehabilitated, and even cured. And recovery here entails being able to reconnect the disconnected parts of the dissociated (and unspeakable) self, often through medicalized and individualized therapeutic modalities. It is because of the inadequacies of this continued framing of trauma as unspeakable, the centering of dissociation as the categorically legitimate response to gendered and sexualized violence (often evacuated of race, class, and nation), and an emphasis on individualized recovery under neoliberalism, that I argue we must reconsider and reformulate notions of feminized trauma. Attending to the range of ways in which violence is meted out and experienced will help us to listen to survivors without presuming their inability to communicate. And this can help promote a new and

politicized understanding of trauma, and pave the way toward more just forms of collective and communal care.

My analysis moves between theoretical and conceptual registers and discussions of various types of data (i.e., historical and contemporary scientific discourse, tweets and other media-based accounts, and autoethnographic narrative) and illustrates the type of *fracturing or falling apart* that I describe as a legitimate trauma response. Not fully dissociative, but a little all over the place. Sometimes declarative, sometimes interrogative—at moments “feral.”<sup>3</sup> This fractured method suggests the difficulty (but not impossibility) of communicating everyday trauma. It is repetitive, fragmentary, and at times frustrated—a banal collage of dull anger and pain (including anger at the silencing of so many others). Asking questions, I argue, can help open up space for radical intervention and reframing. So when I ask questions, the intervention I propose is, in part, enacted in the asking. This method is not only a form of inquiry and interrogation but also of recognition—the recognition that some things, some very important parts of the story, have been missing and should be heard.

In the remainder of this essay, I argue that even as we have moved toward thinking of gendered and sexual violence and their traumatic aftermaths as political and structural (and as psychologists have gotten better at accounting for these types of violence and their effects), we still too often operate within a reductive logic regarding femininity that is ultimately unjust insofar as legitimate trauma becomes relegated to a certain demographic, and only that type of trauma experience is legible *as suffering*. Further problematic is that, under this prevailing logic, the type of feminine suffering that is most clearly legible is that which follows from violences framed as “exceptional” (as opposed to the suffering of those who are not victims of “stranger rape,” incest, or abuse “at home”). Most often, survivors (even under Herman’s improved formulation) are imagined to be white and wealthy or middle-class—and their treatment is targeted as such. Given all of this, I argue that we must responsibly ask: What symptoms might we observe if and when we recognize that many traumatized folks do not have recourse to diagnosis, to treatment, and, in some cases, do not even have the time or space to dissociate? (Let alone to recover?)

In response to the historical and contemporary whitewashing, cisheteronormativity, and class reductiveness of psychological frameworks of feminized trauma, I re-theorize the symptomology and sequelae of gendered and sexual violence alongside recent conceptualizations of insidious trauma,<sup>4</sup> crisis ordinariness,<sup>5</sup> debility,<sup>6</sup> chrononormativity,<sup>7</sup> slow violence,<sup>8</sup> and slow death.<sup>9</sup> With an eye toward the liberation of groups whose experiences are often minimized or blatantly ignored, I argue that traumatic symptomology such as dissociation ought to be re-read through the lenses of critical disability studies<sup>10</sup> and, more specifically, crip-of-color<sup>11</sup> and feminist-of-color disability studies<sup>12</sup>—which offer novel ways to consider the imbrication of minds, bodies, and the social. These frames are oriented toward structural critique, and move us beyond traditional formulations of the psychosomatic, bringing us closer to an understanding of the environmental, relational, and often traumatic constitution of bodyminds in the world.<sup>13</sup> Such an orientation is imperative in that it allows for deeper attention to how race, class, citizenship, and other intersecting statuses contour feminized trauma and symptoms across gendered populations.

An increased attention to multivalent structural inequities within recent work coming out of disability studies is exciting and noteworthy. However, disability studies has historically had

its own problems with a reductive and bourgeois whiteness. Thus, Black feminist theory's attention to productions of gender, femininity, and sexual difference, and to how these *feel*, necessarily helps reconceptualize feminized trauma. Black women (and particularly Black trans women) tend to have more frequent experiences of both macro traumas caused by clearly identifiable forms of violence *and* the more mundane, banal, and gnawing forms caused by everyday violations. I am informed by radical Black feminist scholarship that considers Black feminism and Black femininity as affective,<sup>14</sup> as felt, as lived—sometimes defensively (out of necessity and toward an [often obstructed] agency)<sup>15</sup>—in everyday environments that are traumatizing and debilitating insofar as they are saturated with racism, sexism, misogyny, and misogynoir,<sup>16</sup> and which condone and perpetuate Black unfreedom, violation, death, and harm (and/or threats thereof). Audre Lorde and, more recently, Treva Ellison, Amber Musser, Jennifer Nash, Sami Schalk, and C. Riley Snorton have theorized how structural racialized and gendered violence contributes to traumatic Black feminine subject formation. These scholars consider how (sometimes negative) affects associated with Black femininity inhere in subjects but are, in fact, *produced* within white supremacist, colonialist, misogynistic, transphobic, and otherwise toxic environments and relations wherein Black women are regularly injured—and then expected to heal themselves.

Historically through today, dominant psycho-logics have perpetuated racist, classist, and imperialist conceptualizations of femininity itself.<sup>17</sup> Simone Brown utilizes the concept *white prototypicality* to theorize the racialized normativity of biometrics (such as fingerprinting and other forms of surveillance).<sup>18</sup> Elsewhere, I have critiqued the ways that medical and scientific protocols both depend on and simultaneously disavow feminized trauma as they attempt to explain white feminine sexual “receptivity,” “responsiveness,” and “discordance” in depoliticized behaviorist and evolutionary terms.<sup>19</sup> Following Browne and other Black feminist scholars cited above, in this essay I consider how trauma frameworks are constituted within registers of racial normativity—a type of white prototypicality that dwells within the dominant psycho-logic for interpreting gendered and sexualized trauma. Given this white prototypicality, I seek new ways to understand feminized trauma experiences outside of both contemporary psychological frameworks and traditional psychoanalytic conventions. I foreground traumatic affects as they are lived at the level of raced, classed, and gendered populations, while simultaneously reconceptualizing how traumas are felt at the level of individual bodies and relationally among them. My intervention is threefold:

1. First, I suggest that, because sexual and gendered violence is directed disparately (both quantitatively and qualitatively) at groups of femmes which are internally diverse, trauma responses also necessarily look different across these populations. Feminized trauma must then be rethought, particularly when violence is slow, grating, cumulative, and disconcertingly ordinary and normalized to the point that it is *expected*—rather than posited as abnormal, exceptional, and something that can be healed from individually. Traditional psychological approaches to diagnosing and treating trauma are not only limited to race-, class-, nation-, and gender-specific subjects, but, in fact, produce and configure traumatized subjects as only intelligible when they fit within these boundaries.
2. Secondly, once trauma (as it is experienced by many feminized folk) is reconceived as banal, mundane, and chronic, I open up space for acknowledging, valuing, and centering a traumatic *dissociative-adjacent* standpoint (or sitpoint).<sup>20</sup> Absent in mainstream psychological frameworks for interpreting feminized trauma, this is an

invaluable perspective on sexual and gendered violence from which much can be learned.

3. Finally, within a disability justice framework,<sup>21</sup> I advocate that this traumatized femme perspective, epistemology, and form of knowledge-production provides the ground upon which survivors who live with raced, classed, and gendered trauma can come together as they enact radical care in community with each other, *fracturing* and *falling apart* together. My analysis seeks to illuminate the full spectrum of feminized trauma experience and amplify accounts rather than assuming unnarratability. To this end, the notion that trauma is ontologically unspeakable must be called out for what it is—a form of silencing that is undoubtedly structural and political. Women and femmes—and here they are grouped together insofar as I am describing feminizing processes rather than femme identities, *per se*<sup>22</sup>—have been silenced, including when they try to speak of their traumas (or feel and register them outwardly, publicly). Creating space—and a fleshy and affective language of sorts—to narrate endured violences is part of an abolitionist justice project and can help to end expectations of silence. I argue that this will offer a different type of healing, as well, one that is not tied to individual rehabilitation, but which instead allows fractured populations—both fractured from traumas (but not fully split) and fractured along raced, classed, and gendered lines—to stand in solidarity and feel *differently* (not “better” in the vein of neoliberal productivity) together. With such a goal in mind, I argue that even a C-PTSD-based therapy and analysis framework is inadequate for fully attending to the insidious nature of everyday traumas, and that instead, a crip theory of *feminized fracture* or *falling apart* will help us move beyond the limitations of both PTSD and C-PTSD and their treatment. This affect-attendant, justice-seeking, cripistemological orientation to the multiplicity of traumatic iterations counters previous myopic formulations of trauma and its symptoms, and empowers and gives voice to those who are traumatized.

## Feminized Trauma Across Populations: Biopolitics, Chronicity, and Dissociative-Adjacent States

Dissociation is what psychologists describe as the splitting off of mental processes from primary consciousness, as in amnesia or following certain traumatizing experiences. It is often understood to follow from sexual abuse and violence, and, in psychoanalytic theory, is interpreted as a psychic process resulting from a traumatic event that is rendered incapable of entering the main body of consciousness.<sup>23</sup> Alternating between numbness and hyperarousal, the dissociator may experience a separation of mind from body or a sense of being a detached observer of herself (depersonalization), and/or an alteration in her experience of the external world so that it seems unreal or that a given lived experience is not really happening (derealization). Importantly, dissociation has often been framed as something that “hysterical women” experience, and hysteria has thus functioned as both a diagnosis of somaticization and a rhetorical repudiation of excessive emotion and irrationality. As such, the medical discourses and clinical practices surrounding hysteria have been rightly critiqued through a feminist lens.<sup>24</sup>

Importantly, however, Sigmund Freud’s original hysteria patients were almost entirely wealthy, white, cis women. And a member of this group, the typical hysterical figure, might in some cases actually be *believed* when recounting her trauma.<sup>25</sup> Upon this recounting,

she may even be interpreted as an “undeserving” victim, who had experienced an “unjust” violence enacted against her. In contrast, poor femmes of color have consistently been cast as complicit in or even responsible for the violences enacted against them, which has left their traumas unintelligible. A *victim*—categorically—did not deserve what happened to her. As the binary of “undeserving” versus “deserving” here is racialized, whiteness becomes constitutive of victimhood.

Insofar as dissociation eventually came to be broadly associated with PTSD, and as involving a full psychic split resulting from a discrete traumatic episode—an episode that is interpolated via bourgeois liberal rhetorics as an uncommon or abnormal experience, and one that is “unjust,” “horrific,” and most often committed by a “pathological” (and frequently racialized!) perpetrator against an “undeserving” victim—the state of dissociation itself is produced within a white and middle-class register. But there is an irony to this framework. Even as it has historically been wealthy, white, cis women whose hysteria and dissociation are identified, analyzed, and treated, in reality, it is working-class and poor femmes of color who experience sexual and gendered violence disproportionately and often on an ongoing basis. It is thus these individuals who may also disproportionately experience accompanying traumatic symptoms. A biopolitical<sup>26</sup> analysis which examines how certain populations are debilitated while their members’ bodyminds are maimed, as part of neoliberal racist and nationalist governance projects,<sup>27</sup> can help flesh out a necessary reconceptualization of trauma in light of these disparities. And this reworking is imperative, as feminized trauma is quite literally being (re)configured and (re)allocated all the time, somewhere between and along a racialized and gendered biopolitics of life management and a necropolitics of death distribution.<sup>28</sup>

Consider the negligent treatment of femmes of color in the contemporary United States context. One example is the case of Tashonna Ward—a Black woman in Milwaukee who went to the emergency room of a local hospital with chest pains, was told she would have to wait six hours to be seen by a doctor, and died there halfway through her wait time.<sup>29</sup> Ward’s story is an extreme example of sexist, racist, and classist violence, as we know that women’s—and particularly Black women’s—complaints about pain are often minimized or disregarded by medical professionals.<sup>30</sup> It is a different type of harm than the harm that is typically associated with gendered violence and resulting traumas; but it is also not so far removed from other feminized traumas from which it might normally be set apart. What was Ward’s experience as she waited in the ER that day? What were her symptoms—beyond the physical symptoms she experienced on account of cardiomegaly or her enlarged heart (the posthumous diagnosis)? Is it possible that her chest pains and breathing trouble were also the result of accumulated, chronic traumas and anxiety? The trauma and anxiety of the unjust wait itself? Might these also be symptoms of the cumulative harms experienced over an entire life, particularly as a Black woman fighting to register to white clinicians and other medical professionals as someone who could even *be* traumatized?

The experiences of trans women migrant asylum seekers further suggest the need to ask such questions and the necessity of expanding our taxonomy of feminized trauma. In early 2020, fourteen trans women were transferred from the Cibola County Correctional Center in New Mexico to the Northwest ICE Processing Center in Washington. This move occurred after Roxsana Hernandez Rodriguez died of HIV-related complications in the Cibola County prison (but was later determined to have also been severely abused by prison staff during the time of her detention), and also after Johana Medina León died in a Texas hospital immediately after being released from an Immigration and Customs Enforcement

(ICE) detention center. Léon also showed signs of neglect, abuse, and lack of medical attention while she was detained. Both were migrant trans women who had experienced sexual and gendered violence in their home countries, experienced violence as they made their way through Mexico to the United States as they sought asylum, and then experienced further violence at the hands of ICE agents upon arriving in the United States and being detained. Rodriguez and Léon are only two examples of the many women in similar situations who also have existing chronic health conditions, including HIV, diabetes, and (C-)PTSD. In an interview for an article in the online magazine *Crosscut*, an El Salvadoran woman named Amara—also a detainee at the Northwest ICE Processing Center in Tacoma—tells the interviewer: “*Es fatal esto* (this is awful) . . . sometimes I miss having someone to talk to.”<sup>31</sup> Her words are desperate, her affect despondent, yet she seems fully aware of her situation, rather than cut off from it (and yes, she can narrate her pain, and in fact suggests her desire to do so!). This aching desperation sounds like the result of trauma, but doesn’t present as classic dissociation. Instead, it appears to manifest as a persistent desperation and chronic traumatic affect—mundane, banal, and almost expected, at this point, for women like her.

Within a crip framework,<sup>32</sup> dissociative-adjacent states which result from gendered and sexual trauma—and these forms of trauma themselves—can be interpreted as chronic. That is to say, states *akin* to dissociation may be experienced as the result of everyday, accumulated traumas, those which result not only from violence that is likely to be named as such within white liberal individualizing rhetorics (e.g., discrete and anomalous violent incidents such as “stranger rape”) but also from gendered, sexualized, raced, and classed aggressions, population policing, abuse and detainment at the hands of agents of the neoliberal white supremacist nation-state, and repeated sexual harassment and assault. In their nagging, gnawing, and incomplete nature—and also in their persistence, ordinariness, and resistance to standard medical treatment (including treatment protocols that insist on self-recovery and individual pursuit of care/cure)—these dissociative-adjacent states may have more in common with chronic pain than with psychic splitting or dissociation in the traditional sense. To fully register these dissociative-adjacent states, we might take into account, for instance, the physical and geographical dislocation and dissociation (from home and everything they’ve known) that women like Roxsana, Johana, and Amara likely experienced as they sought asylum. We might assume these women hoped for better lives in the US, due in part to feminized traumas they had experienced in their home countries. What kinds of migrant dissociative-adjacent traumatic states did they live through? How are these experiences gendered and sexualized, but not in the ways to which we normally attend within colonialist typologies of trauma?

It is necessary to consider the limitations of current bio-behavioral and historical configurations of trauma, not only because these paradigms elide race, class, and other differences in how gendered and sexual violence are inflicted and experienced, but also because these frameworks are rooted in (neo)liberal, white supremacist formulations that conceive of minds and bodies as separate. By contrast, *feminine fracturing or falling apart*—as symptom, standpoint/sitpoint, and mode of care—centers trauma survivors whose experiences are evidence of more complex renderings of both bodyminds and femininity. A fractured or falling-apart method, theory, heuristic, and hermeneutic attends to racism, classism, and nationalism as they are tethered to gendered and sexual violence. Thus, fracturing or falling apart is not only a corrective to the ableist and ablesanist<sup>33</sup> “clean break” conceptualization inherent in conventional notions of traumatic or hysterical dissociation, but it is also a corrective to the white liberal expectation that sexual violence

is a one-off, special, exceptional, or uncommon experience from which one can normatively recover or heal—on one's own.

## Fleshing Feminine Fracture: Dissociative-Adjacent Ways of Knowing and Feeling

Insofar as dissociation was often comorbid with a diagnosis of hysteria for early psychoanalysts like Freud and Josef Breuer, there is a long history (or hystery) of dissociation as feminized, or as part of a sequelae of feminine neuroses. But if we take seriously that women are more likely to dissociate, we must also follow the earliest Freud and remember that this occurs so often in women (and here, I will add *femmes* more broadly to update Freud's argument) due to their disproportionate experiences of sexual violence and abuse.<sup>34</sup> Today, women and femmes continue to be unduly violated, and trans women, particularly Black trans women and other femmes of color, are disproportionately likely to experience violence—including sexual violence—during their lives.<sup>35</sup> Further, current research suggests that while 6.8% of the general adult population in the United States report symptoms of PTSD, prevalence estimates of trauma among trans folks range from 18% to 61%—and according to recent studies, discrimination and assault associated purely with being trans (rather than with exogenous experiences such as sexual abuse) significantly amplify PTSD symptoms among transgender folks.<sup>36</sup> These symptoms are, of course, exacerbated when intersecting experiences of oppression are at play. Given these disparities in proximity to trauma, and because we are in an age of ever-present yet unspectacular harm, I argue that we are also in a moment in which it is imperative to rethink structures of gender, race, class, and nation as structures of feeling<sup>37</sup> which are ontologically shaped by closeness to supremacist state violence. It is time to reconceptualize sexual and gendered trauma, the logic of dissociation, and the affective structure of femininity itself.

If part of living as a femme-identified or femme-coded individual—and particularly as a Black woman or femme of color—involves living with apprehension, hyper-alertness, and the daily specter of anticipated violence, then how does this affect symptomology? What do symptoms look like when they are the result of banal, chronic, slow violence? If they follow from everyday, grey brutality and ordinary crises? What if there is a detachment, but it is not a full rupture, and instead . . . fragmentary? Always bubbling up, but never completely coming to the surface, an embodied-psycho stretching, to the point where the bodymind feels threadbare . . . never fully numb, but never fully (or hyper-) vigilant. Maybe the dissociative-adjacent symptom looks instead like anxiety, or it's akin to brain fog<sup>38</sup>—pervasive, yet partial—or it's the perpetual feeling that you're about to fall apart, to come unglued. Maybe it's having a constant lump in your throat, a racing heartbeat, and radiating tension while also feeling utterly empty and dazed when you read the news, when you are out on the street. Maybe the psychic split is never finished—a fracture, fleshed-over . . . semi-sutured . . . but never fully severed?

Not only might we ask what this shift to a new framework for trauma symptomology looks like, how it presents, but also: what knowledge does shifting from *breaking / splitting* to *fracturing / falling apart* make possible? And legible? Feminine fracture then is both symptom and standpoint/sitpoint. But if it is a standpoint/sitpoint, maybe it is also a rallying point . . . and even a rallying cry.<sup>39</sup>



To begin this project of fleshing feminine fracture, we might take the experience of dissociative-adjacency as a point from which to theorize. Returning again to early psychoanalysis, I propose that we do this in the vein of Freud's and Breuer's notion of hysteria as an altered state of consciousness, as, in fact, *double consciousness*.<sup>40</sup> This notion is particularly apt here as it shares many uncanny epistemological and phenomenological assumptions with *double consciousness* as it has been theorized by W. E. B. Du Bois<sup>41</sup> and later as *bifurcation of consciousness* by Dorothy Smith.<sup>42</sup> And most usefully, Black feminist scholars such as Patricia Hill Collins<sup>43</sup> and Kimberlé Crenshaw<sup>44</sup> have utilized intersectional analyses to bring these frameworks together. I follow the work of Jennifer Nash<sup>45</sup> and Jasbir Puar<sup>46</sup> who consider (in addition to the feeling of being multiply marginalized) how intersectionality might be experienced affectively, and what types of feelings "becoming-intersectional" and being forced into a defensive posture around intersectionality elicit.<sup>47</sup> This ontological orientation to intersectionality-as-event can help illuminate how a traumatic double consciousness as sequelae of gendered and sexual violence is inextricable from racism and white supremacy. How might we honor this feminized, racialized, and classed experience while simultaneously taking care not to essentialize or universalize it? How is a traumatic double consciousness kindred with fracturing and falling apart? In our contemporary climate of slow violence and crisis ordinariness, how do these ways of knowing, feeling, and living trauma manifest? And how are they contoured by difference—including the difference that race makes?

In April 2020, during the COVID-19 pandemic, Latina trans activist Lorena Borjas fell ill with the virus and passed away, leaving a deep and painful void in her community. In a tribute to Borjas's life, another NYC-based activist and writer, Cecilia Gentili, articulates a type of feminized traumatic experience that feels chronic, heavy, ossified, sedimented:

Many of us have been forsaken by our families, found ourselves homeless and deprived of support from teachers, co-workers, and employers. We've lived through extreme poverty—have made cohabitation with risk and danger part of our normal. Transgender women of color—like she was, like I am—know the uncertainty of taking each step as if it may be our last. We know the weariness of walking under the weight of transphobia, racism, and misogyny.<sup>48</sup>

The burden described here might not be easy to recover from; one might be more likely to feel as though she will fall apart beneath it. In order to get closer to feeling/understanding/recognizing falling apart—an experience akin to dissociation, derealization, and depersonalization but not quite the same thing—I propose that, in addition to embracing a traumatic or hysterical double consciousness, we work backward. Here, a criptistemology of feminine fracturing or falling apart has a kinship with both double consciousness and feeling backward, which might involve an "embracing of loss and risking of abjection"<sup>49</sup>—and deeply resonates with what Gentili describes above. This kinship is clear, in that a traumatic or hysterical double consciousness, feeling backward, and feminine fracturing and falling apart all fuck with time and space. They alter our perception, allow for altered perception, and provide new forms of affective knowledge through altered perception, and what it makes intelligible. This has direct import for reconceptualizing trauma and its sequelae. Fracturing and falling apart, alongside traumatic/hysterical double consciousness and feeling backward, all expand how we interpret feminized trauma, as they are standpoints/sitpoints which are explicitly anti-chrononormative.<sup>50</sup>

An imagined place of recovery can be a starting point from which to work in order to better understand the experience of feminized trauma—particularly insofar as the injury that is feminized trauma is, in part, *constituted* by the non-negotiable injunction to recover. Recovery and rehabilitation are normative processes, which involve taking individual action—but trauma, as it is traditionally framed, is “paralyzing,” even “crippling.” So, once again, we have a paradox. But if we conceive of paralysis and crippling outside of this individualizing logic of recovery, beyond the logic of unnarratability, and instead as possible to speak about or feel and even *worth* speaking about and feeling, and we do this alongside others who are injured, then we may be able to get past this seemingly insuperable foreclosure. Thus, feeling backward, along with embracing traumatic double consciousness, are central to understanding feminine fracturing as an alternative to dissociation, and as an alternative to the conceptualization of trauma as breach—as a break between a past and present self, or between a body and a mind. This alternative framing also exposes how normative formulations of gendered and sexualized trauma have been founded upon a specific vision of an innocent and whole (white) woman, who is then damaged and broken, but who is finally cured and can live normally (normatively) again. If we look at the ways that traumatized people have been and continue to be *expected to recover*, we can come closer to a cripistemology of feminized fracture, and also get outside of the white, bourgeois, cishet femininity built into formulations of gendered and sexualized trauma. Further, taking seriously how diverse feminized and traumatized populations have been expected to heal themselves allows us to consider more communal and radical ways of caring for each other.

## Radical Crip Solidarity, Revolutionary Fracture, and Abolition/Liberation through Falling Apart

In order to make space for different types of trauma response and push for accompanying alternative forms of treatment, I want to consider an extreme (yet all-too-common, expected, and *accepted*) type of gendered and racialized violence—that of the brutal treatment of incarcerated domestic and sexual assault survivors (who are often women of color). The prison abolition organization Survived & Punished focuses on helping criminalized survivors by “rais[ing] awareness about the integrated relationship between systems of punishment and the pervasiveness of gender violence.”<sup>51</sup> Mariame Kaba, founder of Survived & Punished, stated in a 2019 article for *The Guardian*, “Black women have always been vulnerable to violence in this country and have long been judged as having ‘no selves to defend’ . . . survivors are criminalized for self-defense, failing to control abusers’ violence, migration, removing their children from situations of abuse, being coerced into criminalized activity and securing resources needed to live day to day while suffering economic abuse.”<sup>52</sup> Kaba clarifies how survivors of sexual abuse, domestic violence, and gendered assault—particularly those who are Black women and other women of color—are more likely than not to end up incarcerated or stuck somewhere in the criminal punishment system: “Multiple studies indicate that between 71% and 95% of incarcerated women have experienced physical violence from an intimate partner. In addition, many have experienced multiple forms of physical and sexual abuse in childhood and as adults.”<sup>53</sup> Following the work of other researchers and policy makers, Kaba refers to this as the “abuse-to-prison pipeline”<sup>54</sup>—and fully brings home how “treatment” for traumatic violence can end up iatrogenically harming survivors. Too many women and femmes who are survivors end up incarcerated, which in many cases in turn only

traumatizes them further. The cycle is self-perpetuating, and the rigidity and narrowness of current conceptions of trauma and its symptoms do nothing to help these women. If anything, white colonial psycho-logics are just another brick in the wall, and these ossified trauma frameworks themselves also iatrogenically traumatize survivors and reproduce violence. This is further demonstrated by how difficult it is for many incarcerated women to get any help in prison for the traumas they have endured—or rather, how prison, in fact, structurally *denies* trauma and mental health support to incarcerated women—and by data that suggest that many survivors are further violated at the hands of police and prison guards.<sup>55</sup>

In light of the real differences in type and frequency of gendered violence experienced by different feminized folk, and the elusiveness of the trauma responses elicited, I return again to falling-apartness and feminine fracturing as vantage points from which to learn, which move us toward survivorhood as communal and surviving together as a form of radical care. A fractured, falling-apart frame shifts the mandate of cure away from survivors themselves, and instead to a toxic culture, economic system, and complex of racist punishing structures that desperately need to be fixed—or, better yet, abolished. Fracturing and falling apart also suggest a way toward feeling *different*—not *cured*—as a method for real live survival for the living, that is less likely than today's buzzy cure-alls (such as mindfulness or CBT, practices which may be part of what Leah Lakshmi Piepzna-Samarasinha calls the "survivor industrial complex"<sup>56</sup>) to isolate, individualize, neoliberalize, and victim-blame. This is because feminine fracturing and falling apart advocate the exact opposite of what is prescribed via normative psycho-logic—instead of keeping it together, why don't we just let it all go?

In 2019, after more than two dozen trans women detained in the Cibola County Correctional Center penned a letter in Spanish describing the negligence, inadequate medical care, and mistreatment and abuse they experienced at the hands of prison staff, multiple advocacy and activist groups, including Phoenix-based Trans Queer Pueblo (to whom the letter was originally sent), began to organize on behalf of the women. Less than a year later, several organizations, including Seattle-based OneAmerica and La Resistencia, in addition to other advocacy groups for undocumented LGBTQ+ folks, added to it and then sent the letter to acting ICE Director Matthew Albence and acting Department of Homeland Security secretary Chad Wolf. The letter calls for ICE facilities to comply with standards of care for transgender individuals. The act of writing this letter, across multiple groups, over time, as part of a coalition to help those with the least power in the chain, is a clear example of traumatized people having each other's backs as a form of radical communal care.

Another example of folks having each other's backs, as they fracture and fall apart, can be found in the aforementioned trans activist community in Queens, New York, who came together to support each other after activist and *mother* Lorena Borjas died of COVID-19 in the spring of 2020. The poignancy and power of Borjas's life and words and forms of care were described as such: "She pushed us to shine authentically, to become an unstoppable insubordination, a scream of subversion that says, 'I am here, and I deserve happiness, too.'"<sup>57</sup> *Screaming subversion*, rather than holding it all in, as a form of revolutionary communal care, sounds much different than what conventional psycho-logic might prescribe as a treatment for trauma. Feminine fracturing and falling apart then might entail screaming subversion, similar to what Debanuj DasGupta has described as the liberating power of trans women's public narratives to present "the potential of mobilizing trauma toward a radical queer migrant politics that resists both state violence and savior

politics."<sup>58</sup> This certainly contrasts with "getting better," normatively, in order to be a more "productive" member of neoliberal capitalist society.

In a series of tweets, non-binary trans woman and somatics practitioner Kai Cheng Thom (@razorfemme on Twitter) also called out the normative emphasis on "getting better" (in the form of seeking emotional homeostasis or nervous re-regulation), under the fictitious logic of a return to safety, as a form of gaslighting for POC trauma survivors:

Colonial psychology and psychiatry reveal their allegiance to the status quo in their approach to trauma: that resourcing must come from within oneself rather than from the collective. That trauma recovery is feeling safe in society, when in fact society is the source of trauma . . . in the cauldron of social justice healing praxis, we must aim for relationality that has the potential to generate social change, to generate insurrection . . . the ultimate question of social justice somatics is not 'how can we cure the traumatized body so that it can return to productive society?'—the question of dominant psychology. Our question is: 'how can we heal our traumatized bodies so that we may love each other & fight together?'<sup>59</sup>

In light of these words, we might return to the advocacy letter written to the directors of ICE and Homeland Security, as an example of how survivors forming coalitions can gesture toward possible liberatory avenues that take us beyond rehabilitation and recovery. It is also important to note that this letter did have an impact; these ICE detention centers were forced to comply with (marginal) standards of care for transgender individuals (not a marginal gain). So not only can the act of forming collectives and coalitions be therapeutic, it can also put pressure on supremacist nation-states by calling out violence which is state-sanctioned and racialized. And talking about these things, with others, thus abolishing the mandate to silence, can make those conversations as quotidian and mundane as these forms of violence are currently.

The words of trauma survivors here are instructive in understanding fracturing and falling apart. Along these collectivist lines, Piepzna-Samarasinha articulates an anti-ableist vision of survivorhood: "I don't want to be fixed, if being fixed means being bleached of memory, untaught by what I have learned through this miracle of surviving. My survivorhood is not an individual problem. I want the communion of all of us who have survived, and the knowledge."<sup>60</sup> And Eli Clare has also brilliantly made the case for coalition, collectivism, and communion in contrast to cure, summing up the power of mutuality and solidarity: "Part of claiming disability is choosing this messy, imperfect work-in-progress called interdependence."<sup>61</sup>

Adding to these calls, I make the case for collective fracturing and falling apart as a way to refuse victim-blaming and silence. If we turn toward new formulations of trauma and its sequelae residuum, if we attend to the everyday and insidious nature of these dissociative-adjacent experiences, we also open up space for femmes, specifically trans women and femmes of color, to be felt and accessed, to feel and access each other, to fall apart together. This, a queer crip abolitionist strategy, may move us closer to changing the affective structure of traumatic femininity and the reality of feminized trauma—both in our daily lives and also in Psychology's imaginary. And further, this affective restructuring may allow us to move away from individual responsibility for our own healing and toward collectively and mutually validating ways of living, forms of life, that shatter the directive to be silent. This resonates with what the organizers with Survived & Punished call a *politics*

*of relationality*, in opposition to a *politics of exceptionalism*, as they apply these in their abolitionist work:

We promote a 'politics of relationality,' or strategies that help people engage the broader crisis of criminalization, and help create a public context for others to talk about their own experiences of surviving violence and being punished for that survival. As CeCe McDonald—a Black trans woman who is an abolitionist leader, was imprisoned for self-defense, and whose freedom was supported by the #FreeCeCe grassroots defense campaign—has said, 'I want people to not just hear me, but to live through me, to live through this experience to give themselves a platform.'<sup>62</sup>

A queer crip strategy of femme falling apart must, first and foremost, attend to difference. It must be oriented toward abolition and justice, and it must be resolutely anti-racist, anti-colonialist, and anti-capitalist. Those with relative privilege must always keep in mind, front and center, the range and multiplicity of experiences—and forms of treatment (or lack thereof)—for traumatized folks. Even as the obstacle course is always moving and changing, we must remember that some are allowed to pass through the very roadblocks that are set up to harm and hinder others. Sara Ahmed advocates that the very "hammers" that destroy the most marginalized and traumatized among us can (and *must*) be picked up by those who have been harmed less, and used against the injurious system itself:

In chipping away, we come into contact with those who are stopped by what allowed us to pass through. We happen upon each other. We witness the work each other is doing, and we recognize each other through that work. And we take up arms when we combine our forces. We speak up; we rise up . . . chip, chip, chip: an affinity of hammers is what we are working toward.<sup>63</sup>

Maybe there is some promise, then, in embracing an interdependent, communal fracturing or falling apart? An affinity or coalition or collective of the traumatized? Maybe there is a way to fall apart with others who are falling apart, and leak into each other like a leaky gross army of falling-apart femmes. And maybe we could not fight anyone as an army, but just be together, feel together, help each other, support each other, and maybe that would be some type of pleasurable, some type of revolutionary, some type of survival?

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## Notes

1. Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 119. See also Susan J. Brison, "Everyday Atrocities and Ordinary Miracles, or Why I (Still) Bear Witness to Sexual Violence (But Not Too Often)," *Women's Studies Quarterly* 36, no. 1 & 2 (Spring/Summer, 2008): 188–198; Laura S. Brown, "Not Outside the Range: One Feminist Perspective on Psychic Trauma," *American Imago* 48 (1991): 119–133. Second-wave feminists had been making this argument for decades—but it wasn't until the 1990s that the idea that PTSD happened to women too, in unique ways, was codified in psychiatric language. However, although it has informed clinical practice for some psychotherapists working with trauma survivors, C-PTSD was never included in the *Diagnostic and Statistical Manual of Mental Disorders*. [↗](#)
2. Brown, "Not Outside the Range." [↗](#)
3. Mel Y. Chen, *Animacies: Biopolitics, Racial Mattering, and Queer Affect* (Durham: Duke University Press, 2012); Sharon L. Snyder & David T. Mitchell, *Cultural Locations of Disability* (Chicago: The University of Chicago Press, 2006). [↗](#)
4. Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham, NC: Duke University Press, 2003). [↗](#)
5. Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011). [↗](#)
6. Jasbir K. Puar, *The Right to Maim: Debility, Capacity, Disability* (Durham, NC: Duke University Press, 2017). [↗](#)
7. Elizabeth Freeman, *Time Binds: Queer Temporalities, Queer Histories* (Durham, NC: Duke University Press, 2010). [↗](#)
8. Rob Nixon, *Slow Violence and the Environmentalism of the Poor* (Cambridge, MA: Harvard University Press, 2013). [↗](#)
9. Berlant, *Cruel Optimism*, 2011. [↗](#)
10. Under the umbrella of critical disability studies, there are many specific theoretical frameworks that are invaluable to my current project insofar as they address mental illness, trauma, and stigma. These include feminist disability studies, madness studies, and cripistemologies or criphystemologies. On feminist disability studies, see Elizabeth J. Donaldson, "The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness," *NWSA Journal* 14, no. 3 (Fall 2002): 99–119; Merri Lisa Johnson, *Girl In Need of a Tourniquet: Memoir of a Borderline Personality* (Berkeley: Seal Press, 2010) and "Neuroqueer Feminism: Turning with Tenderness toward Borderline Personality Disorder," *Signs: Journal of Women in Culture and Society* 46, no. 3 (2021): 635–662, <https://www.journals.uchicago.edu/doi/abs/10.1086/712081> < <https://www.journals.uchicago.edu/doi/abs/10.1086/712081> >. On madness studies, see Tanja Aho, Liat Ben-Moshe, and Leon Hilton, "Mad Futures: Affect/Theory/Violence," *American Quarterly* 69, no. 2 (June 2017): 291–302; Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, Inc., 2013). On cripistemologies, see Merri Lisa Johnson and Robert McRuer, "Cripistemologies: Introduction," *Journal of Literary & Cultural Disability Studies* 8, no. 2 (2014): 127–147). On criphystemologies, see Anna Mollow, "Criphystemologies: What Disability Theory Needs to Know about Hysteria," *Journal of Literary & Cultural Disability Studies* 8, no. 2 (2014): 185–201. [↗](#)
11. Jina B. Kim, "Toward a Crip-of-Color Critique: Thinking with Minich's 'Enabling Whom?'" *Lateral* 6, no. 1 (April 2017), <https://doi.org/10.25158/L6.1.14> < <https://doi.org/10.25158/L6.1.14> >. [↗](#)
12. Jina B. Kim & Sami Schalk, "Integrating Race, Transforming Feminist Disability Studies," *Signs: Journal of Women in Culture and Society* 46, no. 1 (Autumn 2020): 31–55. [↗](#)
13. Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017); Sami Schalk, *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (Durham, NC: Duke University Press, 2018). [↗](#)
14. See Audre Lorde, *The Cancer Journals*, 2nd ed. (San Francisco: Aunt Lute Books, 1980) for a seminal example of Black feminist theory's attention to affect. For contemporary examples, see

- Treva Ellison, "The Labor of Werqing It: The Performance and Protest Strategies of Sir Lady Java," in *Trap Door: Trans Cultural Production and the Politics of Visibility*, ed. Tourmaline, Eric A. Stanley, & Johanna Burton (Cambridge: MIT Press, 2017), 1–21; Amber Musser, *Sensational Flesh: Race, Power, and Masochism* (New York: New York University Press, 2014) and *Sensual Excess: Queer Femininity and Brown Jouissance* (New York: New York University Press, 2018); Jennifer Nash, *The Black Body in Ecstasy: Reading Race, Reading Pornography* (Durham, NC: Duke University Press, 2014) and *Black Feminism Reimagined: After Intersectionality* (Durham, NC: Duke University Press, 2019); Therí Alyce Pickens, *Black Madness :: Mad Blackness* (Durham, NC: Duke University Press, 2019); Sami Schalk, "Contextualizing Black Disability and the Culture of Dissemblance," *Signs: Journal of Women in Culture and Society* 45, no. 3 (Spring 2020): 535–540; Christina Sharpe, *In the Wake: On Blackness and Being* (Durham: Duke University Press, 2016); C. Riley Snorton, *Black on Both Sides: A Racial History of Trans Identity* (Minneapolis: University of Minnesota Press, 2017). [↗](#)
15. Nash, *Black Feminism Reimagined*, 2019. [↗](#)
  16. Moya Bailey & Trudy, "On Misogynoir: Citation, Erasure, and Plagiarism," *Feminist Media Studies* 18 (2018): 762–768. [↗](#)
  17. For a full elucidation of the whiteness of sexual difference and the origins of white femininity at the expense of Black bodies and lives, see Saidiya Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (New York: Oxford, 1997); Sally Markowitz, "Pelvic Politics: Sexual Dimorphism and Racial Difference," *Signs* 26, no. 2 (Winter 2001): 389–414; Kyla Schuller, *The Biopolitics of Feeling: Race, Sex, and Science in the Nineteenth Century* (Durham, NC: Duke University Press, 2018); C. Riley Snorton, *Black on Both Sides*, 2017; Siobhan Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, NC: Duke University Press, 2000); and Hortense Spillers, "Mama's Baby, Papa's Maybe: An American Grammar Book," *Diacritics* 17, no. 2 (Summer 1987): 64–81. [↗](#)
  18. Simone Brown, *Dark Matters: On the Surveillance of Blackness* (Durham: Duke University Press, 2015). [↗](#)
  19. Alyson K. Spurgas, *Diagnosing Desire: Biopolitics and Femininity into the Twenty-First Century* (Columbus, OH: The Ohio State University Press, 2020). [↗](#)
  20. Rosemarie Garland-Thomson, "Integrating Disability, Transforming Feminist Theory," *NWSA Journal* 14, no. 2 (Autumn 2002): 1–32. Here, I invoke Rosemarie Garland-Thomson's notion of *sitpoint* as a corrective to the ableist logic of proper and legitimate knowledge production. [↗](#)
  21. See Christina Crosby & Janet R. Jakobsen, "Disability, Debility, and Caring Queerly," *Social Text* 145, vol. 38, no. 4 (December 2020): 77–103; Jina B. Kim & Sami Schalk, "Integrating Race, Transforming Feminist Disability Studies," 2020; Jina B. Kim & Sami Schalk, "Reclaiming the Radical Politics of Self-Care: A Crip-of-Color Critique," *South Atlantic Quarterly* (2021), 120 (2): 325–342: < <https://read-dukeupress-edu.ezproxy.trincoll.edu/south-atlantic-quarterly/article/120/2/325/173307/Reclaiming-the-Radical-Politics-of-Self-Care-A-Crip> > <https://doi.org/10.1215/00382876-8916074> < <https://doi.org/10.1215/00382876-8916074> >; Nomy Lamm, "This Is Disability Justice," *The Body Is Not an Apology*, September 2, 2015, <https://thebodyisnotanapology.com/magazine/this-is-disability-justice/> < <https://thebodyisnotanapology.com/magazine/this-is-disability-justice/> >; Mia Mingus, "Access Intimacy, Interdependence, and Disability Justice," *Leaving Evidence*, April 12, 2017, <https://leavingevidence.wordpress.com/2017/04/12/access-intimacy-interdependence-and-disability-justice> < <https://leavingevidence.wordpress.com/2017/04/12/access-intimacy-interdependence-and-disability-justice> >; and Leah Lakshmi Piepzna-Samarasinha, *Care Work: Dreaming Disability Justice* (Vancouver: Arsenal Pulp Press, 2018); among so many others. [↗](#)
  22. This emphasis on *processes of feminization*—not all of which are consensual or desired by those who are feminized—is one thing that distinguishes my project from recent scholars of what has been termed "femme theory." See Rhea Ashley Hoskin, "Can Femme be Theory? Exploring the Epistemological and Methodological Possibilities of Femme," *Journal of Lesbian Studies* 25, no. 1 (2021): 1–17, and Hoskin & Taylor, "Femme Resistance: The Femme-inine Art of Failure," *Psychology & Sexuality* 10, no. 4 (2019): 281–300, for examples. While femme theory scholars importantly call for attention to femme epistemologies, knowledge production, and narratives of failure, which are relevant to my project, their emphasis on femininity or femme identity as "an



intersectional axis of identity" diverges from my discussion of feminization as a sometimes coercive and traumatic experience contoured by difference, and one that is not always desirable nor tethered to identity (or at least not rationally so, or in a celebratory way). To this end, my analysis considers feminization as an existential and ontological process that can shore up negative affects, and which can be accompanied by illness, trauma, and debility—for instance as it is theorized by Andrea Long Chu in her recent book *Females: A Concern* (New York: Verso, 2019) and by Johanna Hedva in their 2015 essay "Sick Woman Theory" (<http://www.maskmagazine.com/not-again/struggle/sick-woman-theory> < <http://www.maskmagazine.com/not-again/struggle/sick-woman-theory>> ).

23. Sigmund Freud, "The Aetiology of Hysteria," in *Collected Papers, Volume 1* (London: The Hogarth Press, {1896} 1950), 183–219.
24. For an example, see Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Experts' Advice to Women* (New York: Anchor Books, 1978).
25. For the earliest Freud, hysteria and its dissociative sequelae were symptoms of real sexual abuse; for the later Freud, they were physical manifestations of unrealized rape fantasies. But psychotherapists since Freud have been more likely to honor the veracity of (at least some) of their patients' descriptions of abuse. See Karin Ahbel-Rappe, "'I No Longer Believe': Did Freud Abandon the Seduction Theory?" *Journal of the American Psychoanalytic Association* 54, no. 1 (2006): 171–199.
26. Michel Foucault, *The History of Sexuality, Volume 1: An Introduction* (New York: Random House, 1978); Michel Foucault, *'Society Must be Defended': Lectures at the Collège de France, 1975–1976* (New York: Picador, 2003).
27. Puar, *Right to Maim*.
28. See Achille Mbembe, "Necropolitics," *Public Culture* 15, no. 1 (2003): 11–40. For more in-depth analyses of the affective rhythms of necropolitics, specifically as they affect the daily lives and health of transgender folks, see Micha Cárdenas, "Dark Shimmers: The Rhythm of Necropolitical Affect in Digital Media," in *Trap Door: Trans Cultural Production and the Politics of Visibility*, 161–181, and C. Riley Snorton and Jin Haritaworn, "Trans Necropolitics: A Transnational Reflection on Violence, Death and the Trans of Color Afterlife," in *The Transgender Studies Reader*, 2nd ed., ed. Susan Stryker and Aren Aizura (New York: Routledge, 2013), 66–76.
29. Zack Linly, "Black Woman Dies After Waiting Hours in ER for Help," *The Root: Black News, Opinions, Politics and Culture*, January 12, 2020, [https://www.theroot.com/black-woman-dies-after-waiting-hours-in-er-for-help-1840957509?fbclid=IwAR0B8JraK7Qb\\_A60Fjpu1I\\_-yW2MVlPfdYad9uQoPnqHvk8xqefFpeinTeg](https://www.theroot.com/black-woman-dies-after-waiting-hours-in-er-for-help-1840957509?fbclid=IwAR0B8JraK7Qb_A60Fjpu1I_-yW2MVlPfdYad9uQoPnqHvk8xqefFpeinTeg) < [https://www.theroot.com/black-woman-dies-after-waiting-hours-in-er-for-help-1840957509?fbclid=IwAR0B8JraK7Qb\\_A60Fjpu1I\\_-yW2MVlPfdYad9uQoPnqHvk8xqefFpeinTeg](https://www.theroot.com/black-woman-dies-after-waiting-hours-in-er-for-help-1840957509?fbclid=IwAR0B8JraK7Qb_A60Fjpu1I_-yW2MVlPfdYad9uQoPnqHvk8xqefFpeinTeg)> .
30. Ashley Fetters, "The Doctor Doesn't Listen to Her. But the Media Is Starting To," *The Atlantic*, August, 10, 2018, <https://www.theatlantic.com/family/archive/2018/08/womens-health-care-gaslighting/567149/> < <https://www.theatlantic.com/family/archive/2018/08/womens-health-care-gaslighting/567149/>> .
31. Lilly Fowler, "Transgender Immigrants Seeking Asylum Moved to Tacoma ICE Prison Amid Care Concerns," February 18, 2020, <https://crosscut.com/2020/02/transgender-immigrants-seeking-asylum-moved-tacoma-ice-prison-amid-care-concerns> < <https://crosscut.com/2020/02/transgender-immigrants-seeking-asylum-moved-tacoma-ice-prison-amid-care-concerns>> .
32. Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006); Johnson and McRuer, "Cripistemologies: Introduction," 2014; Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013).
33. Aho, Ben-Moshe, and Hilton, "Mad Futures: Affect/Theory/Violence."
34. Ahbel-Rappe, "'I No Longer Believe,'" 2006.
35. Human Rights Campaign Foundation, "A National Epidemic: Fatal Anti-Transgender Violence in America in 2018." See this Human Rights Campaign report for one example:



<https://assets2.hrc.org/files/assets/resources/AntiTransViolence-2018Report-Final.pdf?ga=2.222631003.1372062788.1542644075-911733991.1531685379> <  
<https://assets2.hrc.org/files/assets/resources/AntiTransViolence-2018Report-Final.pdf?ga=2.222631003.1372062788.1542644075-911733991.1531685379>>

36. Sari L. Reisner, Jaclyn M. White Hughto, Kristi E. Gamarel, Alex S. Keuroghlian, Lauren Mizock, and John Pachankis, "Discriminatory Experiences Associated with Posttraumatic Stress Disorder Symptoms among Transgender Adults," *Journal of Counseling Psychology* 63, no. 5 (October 2016): 509–519. [↗](#)
37. Raymond Williams, *Marxism and Literature* (New York: Oxford University Press, 1977). [↗](#)
38. Mel Y. Chen, "Brain Fog: The Race for Cripistemology," *Journal of Literary & Cultural Disability Studies* 8, no. 2 (2014): 171–184. [↗](#)
39. While I critique the directive to "feminine resilience," I am not making a case for "feminine failure," per se. Injunctions to "queer resilience" have been rightfully critiqued (see Cynthia Barounis, *Vulnerable Constitutions: Queerness, Disability, and the Remaking of American Manhood* {Philadelphia: Temple University Press, 2019}), and we now too often expect and call for feminine resilience, as well. As is made crystal clear in the stories of the femmes of color left to die in emergency rooms and detained and abused in prisons and detention centers, women and femmes are expected to be silent, solitary, resilient, and resolute in the face of so much degradation, coercion, and violence. Because of this expectation, it may seem logical to make a case for feminine failure (see Hoskin and Taylor, "Femme Resistance: The Femme-inine Art of Failure"; Jack Halberstam, *The Queer Art of Failure* {Durham, NC: Duke University Press, 2011}). Some femmes may refuse or fail as a response to normalized sexual, gendered, racialized, and state-sanctioned violence, and thus refusal, failure, or incompetence at neoliberal feminine personhood may certainly be one revolutionary response. However, it can also be frustrating to hear talk of the \*revolutionary potential of failure\* when you have a *diagnosed history of failing* by, for instance, cutting or hurting yourself, by living with catastrophic thinking that consumes you, by feeling like your life is dictated by uncontrollable and intense emotional highs and lows, by experiencing flashbacks and feeling triggered and being overwhelmed by pain (see Merri Lisa Johnson, "Bad Romance: A Crip Feminist Critique of Queer Failure," *Hypatia* 30, no. 1 {Winter 2015}: 251–267). *Failure* and *fracturing* / *falling apart* are not quite the same thing, then: the difference is in the communality, collectivism, and coalitional aspects of a fractured praxis—falling apart and fracturing, as I consider them here, are always guided by solidarity and justice, abolition and liberation, and are thus inherently collective and communal pursuits. Rather than aspects of identity or individual acts (which I associate more with *failure*), *fracturing* and *falling apart* are radical forms of care and mutual aid. [↗](#)
40. Yes, Freud and Breuer actually called it this! Herman documents their use of the term "double consciousness" to describe how "unbearable emotional reactions to traumatic events produced an altered state of consciousness, which in turn induced hysterical symptoms" (Herman, *Trauma and Recovery*, 12). [↗](#)
41. W. E. B. Du Bois, *The Souls of Black Folk* (New York: The Modern Library, {1903} 1996). [↗](#)
42. Dorothy Smith, *The Everyday World as Problematic: A Feminist Sociology* (Open University Press, 1987). [↗](#)
43. Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd ed. (London: Routledge, {1990} 1999). [↗](#)
44. Kimberlé Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (July 1991): 1241–1299. [↗](#)
45. Nash, *Black Feminism Reimagined*. [↗](#)
46. Jasbir K. Puar, "'I would rather be a cyborg than a goddess': Becoming-Intersectional in Assemblage Theory," *philoSOPHIA* 2, no. 1 (2012): 49–66. [↗](#)
47. Here, I mean both the feelings elicited by living with interlocking oppressions, and also the feelings elicited by the overextension of the analytic itself. Both Puar and Nash describe ambivalence regarding intersectionality without eschewing the theory altogether; in fact, Nash

specifically argues that “intersectionality” as an analytic has become a type of property that Black feminists are *expected* to defend, within the “intersectionality wars.” Nash attends to how intersectionality has come to function as a symbol of how to salvage (white) feminism, and suggests that its overinvestment and overdetermination (by everyone else!) exhausts the energy and resources of Black feminists and Black women more broadly. [↗](#)

48. Cecilia Gentili, “What Lorena Borjas Did for the Trans Girls of Queens,” *New York Times*, April 11, 2020, <https://www.nytimes.com/2020/04/11/opinion/lorena-borjas-coronavirus.html> < <https://www.nytimes.com/2020/04/11/opinion/lorena-borjas-coronavirus.html>> . [↗](#)
49. Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge: Harvard University Press, 2007). [↗](#)
50. Freeman, *Time Binds*. [↗](#)
51. “About S&P,” <https://survivedandpunished.org/about/> < <https://survivedandpunished.org/about/>> . [↗](#)
52. Mariame Kaba, “Black Women Punished for Self-Defense Must Be Freed from their Cages,” *The Guardian*, January 3, 2019, <https://www.theguardian.com/commentisfree/2019/jan/03/cyntoia-brown-marissa-alexander-black-women-self-defense-prison> < <https://www.theguardian.com/commentisfree/2019/jan/03/cyntoia-brown-marissa-alexander-black-women-self-defense-prison>> [↗](#)
53. Kaba, “Black Women Punished for Self-Defense.” [↗](#)
54. Kaba, “Black Women Punished for Self-Defense”; see also Malika Saada Saar, Rebecca Epstein, Lindsay Rosenthal, and Yasmin Vafa, “The Sexual Abuse to Prison Pipeline: The Girls’ Story,” <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf> < <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf>> [↗](#)
55. Kaba, “Black Women Punished for Self-Defense.” [↗](#)
56. Piepzna-Samarasinha, *Care Work*, 229. [↗](#)
57. Gentili, “What Lorena Borjas Did for the Trans Girls of Queens.” [↗](#)
58. Debanuj DasGupta, “Rescripting Trauma: Trans/Gender Detention Politics and Desire in the United States,” *Women’s Studies in Communication* 41, no. 4 (2018): 324–328. [↗](#)
59. Kai Cheng Thom (@kaichengthom) via *The Indigenous Anarchist* (@theindigenusanarchist) on Instagram, January 30, 2020, <https://www.instagram.com/p/CKry1HWh3ig/> < <https://www.instagram.com/p/CKry1HWh3ig/>> . [↗](#)
60. Piepzna-Samarasinha, *Care Work*, 239. [↗](#)
61. Clare, *Brilliant Imperfections*, 136. [↗](#)
62. “About S&P,” <https://survivedandpunished.org/about/> < <https://survivedandpunished.org/about/>> [↗](#)
63. Sara Ahmed, “An Affinity of Hammers,” *TSQ: Transgender Studies Quarterly* 3, no. 1-2 (2016): 33, <https://read.dukeupress.edu/tsq/article-abstract/3/1-2/22/91760/An-Affinity-of-Hammers> < <https://read.dukeupress.edu/tsq/article-abstract/3/1-2/22/91760/An-Affinity-of-Hammers?redirectedFrom=fulltext>> . [↗](#)

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